



**PATIENT**

Jake Sibey

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

36.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
 Veterinary Emergency  
 Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

12711

**DATE**

12/17/25

**PRESENTING CLINICAL SIGNS**

Painful cranial abdomen, anorexic since Dec 13-14, pale pink mm's, possible mild icterus in sclera, no recheck blood run yet since admitting to hospital Current Medications ampicillin 22mg/kg IV q8h, ondansetron 0;1mg/kg IV q12h, maropitant 1mg/kg IV q24h, methadone 0.1mg/kg IV q6h

Abnormal PE/Chem/CBC/UA Results: Dec 15 bloodwork from rDVM: mild mature neutrophilia (13.33), moderate monocytosis (2.31), moderate thrombocytopenia (91), mildly elevated SDMA (18), Cr & bUN normal, mild hepatopathy (ALT 408, ALP 377, GGT 12, tbili 52), normal pancreatic lipase. Lepto witness negative, Lepto PCR pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization of the right kidney was limited making measurement inaccurate. This is commonly related to breed related anatomical positioning. The right kidney measured 4.43 cm in length. The left kidney measured 6.52 cm in length.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.23 cm in length and 0.57 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 2.43 cm in length and 1.69 cm at the cranial pole and 0.91 cm at the caudal pole.

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**Gastrointestinal**



**PATIENT**

Jake Sibey

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Samoyed

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SEX**

Neutered Male

**Pancreas**

The right limb of the pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized. The mesentery in the area of the left limb of the pancreas was also severely hyperechoic.

**AGE**

6 Years

**Lymph Nodes**

**WEIGHT**

36.4 kg

Peripancreatic, gastric and mesenteric lymph nodes are severely enlarged and hypoechoic with some heterogeneity.

**Free Abdomen**

Mesentery/omentum is diffusely hyperechoic consistent with diffuse peritonitis.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**ULTRASONOGRAPHIC FINDINGS**

- Peritonitis.
- Severe abdominal lymphadenopathy.
- Pancreatitis.

**IMAGING PERFORMED BY**

Kelly Reschny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pancreatic inflammation appears relatively severe in this patient. Necrotizing pancreatitis is a possible cause of the clinical signs. While not directly visualized, a pancreatic abscess is possible given the severity of inflammation and lymphadenopathy. The lymphadenopathy also may be secondary to infiltrative disease such as lymphoma with pancreatitis secondary to primary neoplasia. Lymph node aspirate and cytology is strongly recommended. Supportive care for pancreatitis is indicated. Abdominal CT and/or explore should be considered if clinical suspicion of sepsis is high.

**HOSPITAL NAME**

Hamilton Region  
Veterinary Emergency  
Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

12711

**DATE**

12/17/25



**PATIENT**

Jake Sibey

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

36.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
 Veterinary Emergency  
 Clinic

**REFERRING VET**

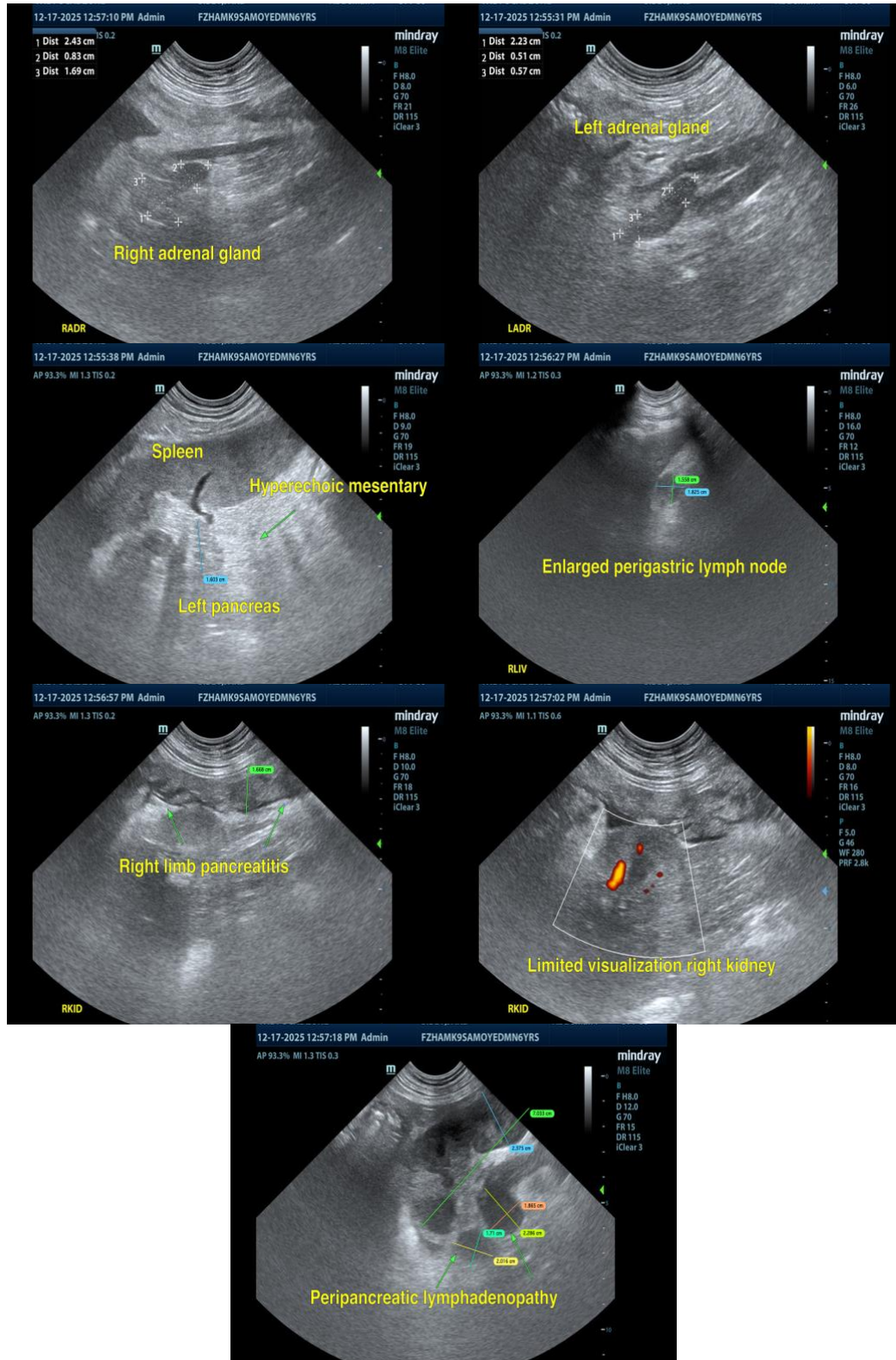
Dr. Ho

**INVOICE**

12711

**DATE**

12/17/25





**PATIENT**

Jake Sibey

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

36.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
Veterinary Emergency  
Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

12711

**DATE**

12/17/25

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Dr Brittany Sinclair, BVSc(hons), DACVECC**

[info@SonoPath.com](mailto:info@SonoPath.com)